CITY OF SHULLSBURG

APPLICATION FOR PERMIT
FOR HOTEL, MOTEL, SHORT TERM RENTAL OR TRANSIENT HOUSING

Please answer all questions completely (TYPE or PRINT).

Name and address of establishment for which permit is being requested:

Property Owner Name: _____

Rental Address: _____

Mailing Address (if different):_____

Phone Number: _____

Email Address:_____

Legal Organization (Circle One): ◯Sole Proprietorship ◯Partnership ◯Corporation ◯LLP ◯LLC

Wisconsin Sellers Permit Number: _____

No. of room/units available for rent: _____Current room rates (attach copy if available):

Room/Unit # or name:	Per Night Price (Weekday)	Per Night Price (Weekend)

Average annual percent of occupancy:_____%

I hereby certify that the answers to the above statements are correct to the best of my knowledge and belief.

Signature of owner/authorized agent: _____

Print name of owner/authorized agent: _____

Title: _____

Date: _____

Return the completed application to:
City of Shullsburg, Attn: Clerk-Treasurer,
190 N. Judgement Street, PO Box 580, Shullsburg, WI 53586

THIS SECTION FOR CITY CLERK-TREASURER USE ONLY			
DATE RECEIVED	PERMIT NUMBER	DATE PERMIT ISSUED	NOTES